

Personally identifying information requested on this form, including credit card information, will be used to process your request and payment for the requested copies. Failure to supply this information may result in denial of your request for copies.

**INSTRUCTIONS:** Please complete this form and fax to **(608) 255-2035**. ALL FAX REQUESTS WILL BE CHARGED AN EXPEDITED SERVICE FEE.

1. Name		2. Daytime Telephone No.	
3. Street Address or P.O. Box <b>(You must provide a street address if you are requesting a Federal Express return.)</b>			Apt. No.
4. City		5. State	6. Zip Code

I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested divorce certificate in accordance with the categories listed above.

<b>SIGNATURE</b> - Applicant	Date Signed
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## TOTAL \_\_\_\_\_

Husband's Name (First, Middle, Last)	
Wife's MAIDEN Name (First, Middle, Last)	
County of Divorce	Date of Divorce (Month / Day / Year)

**OFFICE USE ONLY** Certificate Number \_\_\_\_\_